U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	LLY BEFORE PREPARING THIS REPORT.
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CWS DEL	
1. File Number U - 6656	2. Fiscal Year Covered From:
E C S San San San San San San San San San S	invariant I formation International formation I formation of I
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Kenneth W Lundgren	Name Teamsters Local 542
	Labor Organization File Number 038-722
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
#18	1.0. DOX, During and North Humber, if any
Street 13843 Camino Canada	Street 4666 Mission Gorge Place
City El Cajon	City San Diego
State California ZIP Code + 4 92021-9801	State California ZIP Code + 4 92120
President Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	lusions set forth in the instructions):
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizar	derived income or other economic benefit of tion represents or is actively seeking to represent.
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Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc. A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification, The undersigned declares, under penalty of the except as specified in the except.	nature f Perjury and other applicable penalties of the law, that all of the information
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc. A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification, The undersigned declares, under penalty of the except as specified in the except.	nature f Perjury and other applicable penalties of the law, that all of the information typing documents), has been examined by the signatory and is, to the best of the
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the except. A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizars. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	nature f Perjury and other applicable penalties of the law, that all of the information typing documents), has been examined by the signatory and is, to the best of the

Date

Telephone Number

Name of Person Filing Kenneth Lundgren	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Safeguard Health Plans	X a. Labor Organization
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any Suite 100	c. Employer
Street 95 Enterprise	G. Ellipioyo.
City Aliso Viejo	
State California ZIP Code + 4 92656-2605	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Request for proposal for dental plan for Local staff
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	percentage and a second and a s
City	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
State California ZIP Code + 4	Golf 3/12/04
·	
	12.b. Amount. \$50
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
house to accompany to the contract and t	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	Kenneth	Lundgren
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Western Dental Services Trade Name, if any: P.O. Box, Bldg., Room No., if any 6th Floor Street 530 S. Main Street City Orange State California ZIP Code + 4 92863	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SanDiego Co. Teamsters Employers Ins. Trust Trade Name, if any: STEFA P.O. Box, Bldg., Room No., if any Suite 207 Street 2831 Camino Del Rio South City San Diego	Request for proposal	
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Lunch 3/9/04	
	12.b. Amount.	\$26

Name of Person Filing	Kenneth	Lundaren
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Health Management Center, Inc.	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 1000	b. Trust	
Street 7755 Center Avenue	c. Employer	
City Huntington Beach		
State California ZIP Code + 4 92647		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name SanDiegoCoTeamsters Employers Ins.Trust Fund	Request for proposal for health ca	re plans
Trade Name, if any: STEFA		
P.O. Box, Bldg., Room No., if any Suite 207		To delicate the second
Street 2831 Camino Del Rio South		
City San Diego		w:
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	MATTER MATTER STORE OF THE TOTAL AT A COMMAND AND A COMMAN
	Golf and Lunch 4/1/04	
	12 h Around	
	12.b. Amount.	\$75

Name of Person Filing	Kennet.h	Lundaren
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Rx Prescription Solutions Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3515 Harbor Blvd.	a. Labor Organization b. Trust c. Employer	
City Costa Mesa		
State California ZIP Code + 4 92626		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Make Maring magnering (And magneric partier magner) make magnering minimizer and magnering magnering magnering
Name SanDiego Co.Teamsters Employers Ins, Trust Trade Name, if any: STEFA P.O. Box, Bldg., Room No., if any Suite 207	Request for proposal	
Street 2831 Camino del Rio South		
City San Diego		
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	megamenteratura eta esta esta esta esta esta esta esta
	Golf and lunch 7/29/04	
	12.b. Amount.	\$125

Name of Person Filing	Kenneth	Lundgren
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Vision Service Plan	a. Labor Organization
Trade Name, if any: VSP	
P.O. Box, Bldg., Room No., if any Suite 1625	🔀 b. Trust
Street 111 West Ocean Blvd.	c. Employer
City Long Beach	
State California ZIP Code + 4 90802-4519	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,
Name SanDiegoCo.Teamsters EmployersIns.Trust Fund	Soliciting business
Trade Name, if any: STEFA	
P.O. Box, Bldg., Room No., if any Suite 207	
Control control of the first c	
Street 2831 Camino del Rio South	
City San Diego	
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	USC/UCLA Rose Bowl game 12/4/04
	10 h Amount
	12.b. Amount. \$175

Name of Person Filing	Kenneth	Lundaren	

Part B Continuation Page

O Atomo and address of Dunings (including to do not only if any)	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	S. Sasinoso asalo man	
Name Pacific Federal	a. Labor Organization	
Trade Name, if any: PACFED	a. Labor Organization	
¹ रामसम्बद्धानामसम्बद्धाः - दानस्य व्यवस्थानसम्बद्धाः सम्बद्धाः स	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 400	havanova)	
Street 1000 North Central Avenue	c. Employer	
City Glendale		
State California ZIP Code + 4 91202		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
батын жана тактын тырын жана тактын жана жана жана жана жана жана жана жа	Request for information on various	health plans.
Name		•
Trade Name, if any:		market evil delike
CONTROL OF THE PROPERTY OF THE		124401469-1-000
P.O. Box, Bldg., Room No., if any		Autoritan
Street		With the terms
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	annumber of the formet the separate from the separate and the separate sepa
	Golf and breakfast 4/23/04	dodddallan
		Aug. The control of t
		Pro a september
	12.b. Amount.	***************************************
	12.b. Amount.	\$80

Name of Person Filing	Kenneth	Lundgren
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name James Matthew Brown	a. Labor Organization	
Trade Name, if any:	and the second s	
P.O. Box, Bldg., Room No., if any Suite 200	b. Trust	
Street 2044 First Avenue	c. Employer	
City San Diego		
State California ZIP Code + 4 92101-2079		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Group Legal Consultants	Soliciting legal business	
Trade Name, if any: JC 42 Legal Benefit Plan		
P.O. Box, Bldg., Room No., if any P.O. Box 3417		of constitution of the
Street		
City Burbank		with a modern half and phone high translation conserved and the high stables a substitution in the first and the
State California ZIP Code + 4 91508-3417	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	neder transference constitution of the constit
	Baseball game 6/2/04	
	12.b. Amount,	\$65

Name of Person Filing Kenneth Lundgren File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Safeguard Health Plans Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 100 Street 95 Enterprise City Aliso Viejo State California ZIP Code + 4 92656-2605	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State California ZIP Code + 4	Soliciting business 11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Dinner in Las Vegas 6/4/04	
	12.b. Amount.	\$112

Name of Person Filing		File Number U-	
Name of Person Filing Kenneth Lundgren		i ile i dallibei O-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name American Union Financial Services Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 420 Street 2 Venture Plaza City Irvine State California ZIP Code + 4 92618	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	AND
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Soliciting Business	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received. Dinner 6/18/04	
	12.b. Amount.	\$200

Name of Person Filing Kenneth Lundgren	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	444
Name Safeguard Health Plans	a. Labor Organization	
Trade Name, if any:	hamanija)	
P.O. Box, Bldg., Room No., if any Suite 100	b. Trust	
Street 95 Enterprise	c. Employer	
City Aliso Viejo		
State California ZIP Code + 4 92656-2605		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Soliciting Business	oodbaldayeessa
Trade Name, if any:		and the second s
P.O. Box, Bldg., Room No., if any		
Street		110 mm Amily 700
City		The second secon
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	hande tekneskila terlanda eteknesiik tekta teelaalik koonaan ta aa ja ja ja ja ja
	Golf 7/2/04	district.
	12.b. Amount,	\$75

Name of Person Filing Kenneth Lundgren	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name New York Life Insurance	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 300	b. Trust	
Street 8910 University Center Lane	c. Employer	
City San Diego		
State California ZIP Code + 4 92122		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Soliciting life insurance and key business	man insurance
Trade Name, if any:		William or other house, and the second
P.O. Box, Bldg., Room No., if any		Name 1100 1100 1100 1100 1100 1100 1100 11
Street		According to
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	A MANAGAMA
	Golf 8/12/04	
	12.b. Amount.	\$90

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Safeguard Health Plans	a. Labor Organization
Trade Name, if any:	<u> </u>
P.O. Box, Bldg., Room No., if any Suite 100	b. Trust
Street 95 Enterprise	c. Employer
City Aliso Viejo	
State California ZIP Code + 4 92656-2605	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a. Nature of such dealing.
Name	Soliciting business
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12,a, Nature of interest held or income received.
	Dinner 11/6/04
	12.b. Amount. \$125

Name of Person Filing Kenneth Lundgren		File Number U-
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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Safeguard Health Plans Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 100 Street 95 Enterprise City Aliso Viejo State California ZIP Code + 4 92656-2605	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Soliciting business	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received. Dinner JC 42 meeting 12/10/04	
	12.b. Amount.	\$125